PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: $\frac{\text{Mail}}{\text{Commissioner for Patents}} \\ \text{No. Box 1450} \\ \text{Nexandria, Virginia 22313-1450} \\ \text{Or } \underline{\text{Fax}} \\ \text{No. Box 100 in Patents} \\ \text{No. Box 1450} \\ \text{No. Box 1450}$

INSTRUCTIONS: This appropriate. All further indicated unless correct maintenance fee notifica	correspondence includi ed below or directed ot	for training the	nsmitting the ISSU Patent, advance of e in Block 1, by (a	JE FEE and PUBLIC, rders and notification of a) specifying a new co	ATIO of m rresp	ON FEE (if requir taintenance fees with condence address;	ed). I ll be and/or	locks 1 through 5 sh mailed to the current (b) indicating a separ	ould be completed where correspondence address as rate "FEE ADDRESS" for						
32009 7590 06/09/2011 BRADLEY ARANT BOULT CUMMINGS LLP						Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. (Depositor's name)									
											(Signature)				
															L
						APPLICATION NO.	FILING DATE		FIRST NAMED INVE		OR A		ATTORNEY DOCKET NO.		CONFIRMATION NO.
10/789,325	10/789,325 02/27/2004			Douglas M. Okuniewi	icz	A9658-81022			9385						
TITLE OF INVENTION: CO-LOCATED LOTTERY GAME FOR A GAMING DEVICE															
				9											
erecentistic and the second		,				a di again de gas, instant pagis a		na stani salarija repikeliki, desimeliya salaki kasiki	and the second s						
APPLN. TYPE	SMALL ENTITY	IS	SUE FEE DUE	PUBLICATION FEE DU	Æ	PREV. PAID ISSUE	FEE	TOTAL FEE(S) DUE	DATE DUE						
nonprovisional	nonprovisional YES		\$755	\$300		\$0		\$1055	09/09/2011						
EXAMINER			ART UNIT CLASS-SUBCLAS												
TORIMIRO, ADETOKUNBO OLUSEGUN			3714	463-017000	***************************************										
1. Change of correspondence address or indication of "Fee Address" (37 2. For printing on the patent front page, list David E. Mix								. Mixon							
CFR 1.363). Change of correspondence address (or Change of Correspondence				(1) the names of up to 3 registered patent attorneys											
Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.															
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.				registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.											
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)															
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.															
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)															
Please check the appropriate assignee category or categories (will not be printed on the patent):															
riease check the appropri	ate assignee category or	catego	nes (will not be pri	nted on the patent):	السا	ndividual Corp	porane	on or other private grou	ip entity Government						
4a. The following fee(s) are submitted: 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)															
Issue Fee XPublication Fee (No small entity discount permitted) A check is enclose Payment by credit						Form PTO-2038 is	s attac	ned.							
Advance Order - # of Copies				The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 504293 (enclose an extra copy of this form).											
Change in Entity Stat	us (from status indicated	Labova		overpayment, to De	posi	t Account Number	504	(enclose an	extra copy of this form).						
	SMALL ENTITY statu		•	b. Applicant is no le	onge	er claiming SMALL	ENT	TY status. See 37 CFI	R 1.27(g)(2).						
NOTE: The Issue Fee and nterest as shown by the re	Publication Fee (if requeecords of the United State	ired) w es Pate	vill not be accepted nt and Trademark	from anyone other than Office.	n the	applicant; a registe	ered a	torney or agent; or the	assignee or other party in						
Authorized Signature	June 14, 2011 Date														
Typed or printed nameDavid E. Mixon				Registration No. 43,809											
This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) in application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete his form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Mexandria, Virginia 22313-1450.															

PTOL-85 (Rev. 02/11) Approved for use through 08/31/2013.

Inder the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.